

Exhibit A

Piedmont Psychiatric Services

Woodruff Road Professional Park • 2096 Woodruff Road • Greenville, SC 29607
(864) 576-4711 • Fax (864) 576-5422

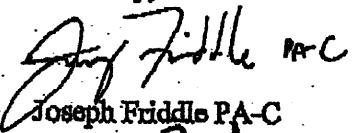
Date: 5/1/12

To whom it may concern,

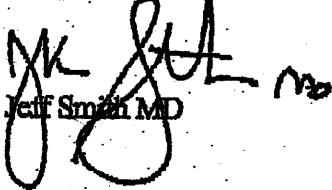
Wendell Cooper is currently under my medical supervision. He is being treated for Generalized Anxiety Disorder. Due to the severity of his condition, I do not recommend he be involved in group meetings discussing his legal case without third party representation. This type of situation has potential to worsen his anxiety and trigger panic episodes, which may lead to hospitalization.

If you have any questions or concerns feel free to contact our office at the numbers provided above. Thank you.

Sincerely,

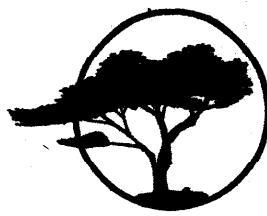


Joseph Friddle PA-C



Jeff Smith MD

Tony R. Goodbar, MD • Jeffrey K. Smith, MD • Joseph Friddle, PA-C
Jon Harbin, M.Ed., LPC • Michael D. Smith, MA, LPC • Mary Shultz, MSW, LISW • Albert C. Bennett, MA, LPC
Carol R. Mitchell, MSN, LPC • Tanya C. Hargrove, MA, LPC



CYPRESS INTERNAL MEDICINE

Cypress Internal Medicine Greer
325 Medical Parkway, Suite 200
Greer, SC 29650
Phone (864) 797-9550
Fax (864) 797-9555

Cypress Internal Medicine Patewood
200 Patewood Drive, Suite B460
Greenville, SC 29615
Phone (864) 454-2226
Fax (864) 454-2223

Cypress Internal Medicine Maxwell Pointe
3907 S. Highway 14
Greenville, SC 29615
Phone (864) 675-1491
Fax (864) 675-1572

Cypress Internal Medicine Simpsonville
1409 W. Georgia Rd, Suite D
Simpsonville SC 29680
Phone (864) 454-6540
Fax (864) 454-6545

September 12, 2012

Re: Wendell Cooper

MRN: 970-87-9090

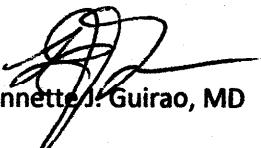
DOB: 1/17/56

To whom it may concern,

I last evaluated Mr. Wendell Cooper on 09/12/2012. I have determined that increased stress has contributed to his intractable headaches. Therefore, he will benefit from stress reduction.

If you have any questions or concerns, please contact my office at 864-797-9550.

Sincerely,


Lynnette J. Guirao, MD

S. Meg Carter, MD
Banks R. Cates III, MD
Patricia L. Cheek, MD
Nanette E. Dendy, MD
Diane I. Eugenio, MD
Melanie S. Greene, MD
Lynnette J. Guirao, MD
Daryl A. Lapeyrolerie, MD
Christa R. McCann, MD
Ann W. Meade, MD
Dana R. Ray, MD
Jocelyn R. Renfrow, MD
Susan C. Satterfield, MD
Adam D. Scher, MD
Daniel G. Smith, MD
Sharon E. Wondracek, MD



**GREENVILLE
HEALTH SYSTEM**

**Wendell Don Cooper
117 Palm Springs Way
Simpsonville SC 29681-8001**

**Date of Birth: 1/17/1956
November 30, 2015**

I have been Wendell Cooper's Internal Medicine doctor for several years including the years of 2011 to the present.

During that time, I have treated Mr. Cooper for a number of impairments, including coronary artery disease, palpitations, fatigue, cough, foot, and ankle pain and headaches.

It is my opinion based on my treatment of Wendell Cooper that his increase job stress has contributed to his intractable headaches.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,


**Lynnette J. Quirao, MD
CYPRESS INTERNAL MEDICINE - GREER
325 Medical Parkway Suite 200
Greer SC 29650-2459
864-797-9550**



**GREENVILLE
HEALTH SYSTEM**

COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD External Visit

ID: 141554006

Appointment Facility: Cypress Internal Medicine-Greer

07/11/2012

Progress Notes: Lynnette J. Guirao, MD

Current Medications

ASA

Plavix tablet 75 mg 1 tab(s) once a day
Ambien tablet 10 mg 1 tab(s) once a day (at bedtime)
Losartan tablet 50 mg 1 tab(s) once a day
simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
fenofibrate tablet 160 mg 1 tab(s) once a day
Qmacor capsule ethyl esters 1000 mg 2 cap(s) 2 times a day
pravastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
metoprolol tablet, extended release 25 mg 1 tab(s) once a day
Vitamin D capsule 50,000 intl units 1 cap(s) 2 times a week

Past Medical History

CAD s/p stent 2004-2006
Erectile dysfunction, hypogonadism on androgel
Depression

Surgical History

hernia 1990
foot 1980
stent 2004/2006
achilles tendon 2009
elbow 2011

Family History

Mother: hypertension, hyperlipidemia, heart disease

Social History

Smoking Status > 13 years old. Are you a:
Former smoker.
no Smoking.

Allergies

Viibryd: Side Effects

Review of Systems

GENERAL:

Negative for fatigue.

PULMONARY:

Reason for Appointment

1. CIMG FUP PER SUE MARGARET

History of Present Illness

Mr. Cooper is here for evaluation of several symptoms. HE has headaches, ear is tight, when swallowing things get stuck in his throat, has chest palpitations, does not have energy. His throat feels dry. He feels dizzy. He thinks that he has more numbness on his foot, even after surgery. His R calf is still tight, hurting at the heel cord. The numbness seems to be worse. He was told by Dr. McGibbens that he would not deal with the numbness. The pain is not as pronounced. When he drives the numbness is more pronounced. He can't stand on his feet for more than 40 minutes. He saw the psychiatrist, was started on Viibryd 2-3 months ago, end of May, early June. He stopped it because of side effects about a week ago. He went on vacation, and saw a doctor late June in Illinois, and was given cough medicine and zpack, flonase, which subsided. He still has some congestion. He has erectile dysfunction, and used to see Dr. Sterling for it, but he wants another urologist. He wants a different heart doctor too, used to see Dr. Mauer. He wants to get all his doctors in one system. He wants an orthopedic surgeon in the system, and wants his GI doctor (Dr. Palma). He has GERD. He has had exposure to STD's and wanted to be tested.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 222, Wt kg 100.7, BMI 29.29, BP 138/83, HR 52.

Examination

IMS:

Constitutional well nourished, no apparent distress.
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.
musculoskeletal/feet Normal gait and station, Normal digits and nails.
Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

Assessments

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

GI:

no Abdominal pain. no Change in bowel habits.

MENTAL:

no Depression. no Anxiety.

1. Coronary artery disease - 414.00 (Primary)
2. Dizziness - 780.4
3. Headache - 784.0
4. Cough - 786.2
5. Fatigue - 780.79
6. Palpitations - 785.1
7. COUNSEL ON OTH SEXUALLY TRANS DIS - V65.45
8. Exposure to sexually transmitted disease (STD) - V01.6

Treatment

1. Coronary artery disease

LAB: CBC with diff (Heme Profile with diff, HP with diff)
LAB: TSH reflex on abnormal to Free T4
LAB: Comprehensive Metabolic Panel (CMP, CMET)
LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

2. Dizziness

LAB: CBC with diff (Heme Profile with diff, HP with diff)
LAB: TSH reflex on abnormal to Free T4
LAB: Comprehensive Metabolic Panel (CMP, CMET)
LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)
LAB: Vitamin B12
LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (Q11232)

3. Headache

Referral To:Ophthalmology

Reason:headache, dizziness

4. Cough

Diagnostic Imaging:CHEST PA AND LATERAL

5. Fatigue

LAB: Vitamin B12
LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (Q11232)
Diagnostic Imaging:CHEST PA AND LATERAL

6. Palpitations

LAB: CBC with diff (Heme Profile with diff, HP with diff)
LAB: TSH reflex on abnormal to Free T4
LAB: Comprehensive Metabolic Panel (CMP, CMET)
LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)
LAB: Vitamin B12
LAB: Vitamin D, 1,25 Dihydroxy-OH, fractionated (Q11232)

7. COUNSEL ON OTH SEXUALLY TRANS DIS

LAB: Hepatitis Panel (HepBsAg, HepBcoreIgM, HepCAb, HepA-Ab)
(Hepatitis Profile, Acute)
LAB: Herpes Simplex IgM (HSV 1, 2 IgM Ab)
LAB: HIV 1, 2 (Human Immunodeficiency Virus Ab)

8. Exposure to sexually transmitted disease (STD)

LAB: Hepatitis Panel (HepBsAg, HepBcoreIgM, HepCAb, HepA-Ab)
(Hepatitis Profile, Acute)

LAB: Herpes Simplex IgM (HSV 1, 2 IgM Ab)
LAB: HIV 1, 2 (Human Immunodeficiency Virus Ab)

Immunization

Toradol : 30mg/1mL given by A.Glenn,RMA on left gluteus

Procedure Codes

85025 COMPLETE CBC W/AUTO DIFF WBC
84443 TSH
80053 COMPREHEN METABOLIC PANEL
80061 LIPID PANEL
82607 VITAMIN B-12
82652 ASSAY OF DIHYDROXYVITAMIN D
J1885 Toradol per 15mg
80074 ACUTE HEPATITIS PANEL
86694 HERPES SIMPLEX TEST
86703 HIV-1/HIV-2, SINGLE ASSAY

Follow Up

4 Weeks



Electronically signed by Lynnette Guirao on 07/11/2012 at 04:49 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 07/11/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**GREENVILLE
HEALTH SYSTEM**

COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD External Visit
ID: 141762476

Appointment Facility: Cypress Internal Medicine-Greer

07/17/2012

Progress Notes: Lynnette J. Guirao, MD

Current Medications

ASA

Plavix tablet 75 mg 1 tab(s) once a day
Losartan tablet 50 mg 1 tab(s) once a day
fenofibrate tablet 160 mg 1 tab(s) once a day
pravastatin tablet 40 mg 1 tab(s) once a day
(at bedtime)

Vitamin D capsule 50,000 intl units 1 cap(s)
once a month

Tricor tablet 48 mg 1 tab(s) once a day
pravastatin tablet 40 mg 1 tab(s) once a day
(at bedtime)

Lovaza capsule ethyl esters 1000 mg 2 cap(s)
2 times a day
protonix enteric coated tablet 40 mg 1 tab(s)
once a day
metoprolol tablet, extended release 50 mg 1
tab(s) once a day
trazodone tablet 100 mg 1 tab(s) at bedtime

Past Medical History

CAD s/p stent 2002-2006, 2011
Erectile dysfunction, hypogonadism on
androgen
Depression

Surgical History

hernia 1990
foot 1980
stent 2004/2006
achilles tendon 2009
elbow 2011

Family History

Mother: hypertension, hyperlipidemia, heart
disease

Social History

Smoking Status > 13 years old Are you a:
Never smoker.
no Smoking.

Allergies

Viibryd: Side Effects

Review of Systems

GENERAL:

Reason for Appointment

1. CIMG FUP PER LJUM

History of Present Illness

Mr. Cooper is here for f/u of his headaches. The toradol injection did not really work. He continues to have daily mild headaches. He did see the eye doctor and was prescribed new glasses which he wore intermittently. He wants to go over his test results. His colds and cough are better. He brought a list of all the meds he is taking, and med reconciliation was done.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 224.4, Wt kg 101.79, BMI 29.60, BP 113/66, HR 64.

Past Orders

Vitamin B12 (Order Date - 07/11/2012)
(Collection Date - 07/11/2012)

VITAMIN B12 396 211-946 - pg/mL

TSH reflex on abnormal to Free T4 (Order Date -
07/11/2012) (Collection Date - 07/11/2012)

TSH 0.869 0.450-4.500 -
uIU/mL

CBC with diff (Heme Profile with diff, HP with
diff) (Order Date - 07/11/2012) (Collection Date -
07/11/2012)

WBC Count	3.4	4.0-10.5 - x10E3/uL
RBC Count	4.69	4.14-5.80 - x10E6/uL
HEMOGLOBIN	14.1	12.6-17.7 - g/dL
HEMATOCRIT	42.0	37.5-51.0 - %
MEAN CELL VOLUME	90	79-97 - fL
MEAN CELL HGB	30.1	26.6-33.0 - pg
MEAN CELL HGB CONC	33.6	31.5-35.7 - g/dL
RED CELL DIST	14.2	12.3-15.4 - %
PLATELET COUNT	198	140-415 - x10E3/uL
NEUTROPHIL ABSOLUTE	1.4	1.8-7.8 - x10E3/uL
NEUTROPHILS %	41	40-74 - %

Negative for fatigue.

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

GI:

no Abdominal pain. no Change in bowel habits.

MENTAL:

no Depression. no Anxiety.

LYMPHES ABSOLUTE	1.2	0.7-4.5 - x10E3/uL
MONOS ABSOLUTE	0.6	0.1-1.0 - x10E3/uL
EOSINOPHIL ABSOLUTE	0.1	0.0-0.4 - x10E3/uL
BASOS ABSOLUTE	0.0	0.0-0.2 - x10E3/uL
LYMPHOCYTE	37	14-46 - %
MONOCYTE	17	4-13 - % H
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - x10E3/uL
Immature Granulocytes %	0	0-2 - %

Vitamin D, 1,25 Dihydroxy-OH, fractionated
(O11232) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)

Vit D, 1,25 Dihy Total	77	- pg/mL
Vit D2,1,25 OH	12	- pg/mL
Vit D3,1,25 OH	65	- pg/mL

Comprehensive Metabolic Panel (CMP, CMET)
(Order Date - 07/11/2012) (Collection Date - 07/11/2012)

SODIUM	138	134-144 - mmol/L
POTASSIUM	4.1	3.5-5.2 - mmol/L
CHLORIDE	104	97-108 - mmol/L
CARBON DIOXIDE	22	20-32 - mmol/L
GLUCOSE	115	65-99 - mg/dL H
UREA NIT., BLOOD	10	6-24 - mg/dL
CALCIUM	9.0	8.7-10.2 - mg/dL
ALBUMIN	3.9	3.5-5.5 - g/dL
TOTAL PROTEIN	6.6	6.0-8.5 - g/dL
SGOT(AST)	33	0-40 - IU/L
TOT. BILIRUBIN	0.6	0.0-1.2 - mg/dL
SGPT(ALT)	37	0-55 - IU/L
ALK. PHOSPHATASE	72	25-150 - IU/L
CREATININE (SERUM)	1.09	0.76-1.27 - mg/dL
BUN/Creatinine Ratio	9	9-20 -
Globulin, Total	2.7	1.5-4.5 - g/dL
A/G Ratio	1.4	1.1-2.5 -

Lipid Profile (incl. calc. LDL, HDL/LDL ratio)
(Order Date - 07/11/2012) (Collection Date - 07/11/2012)

CHOLESTEROL	168	100-199 - mg/dL
TRIGLYCERIDE	100	0-149 - mg/dL
HDL Chol, direct	35	>39 - mg/dL L
LDL Chol, calc	113	0-99 - mg/dL H
VLDL Chol, calc	20	5-40 - mg/dL
LDL/HDL Ratio	3.2	0.0-3.6 - ratio units

Hepatitis Panel (HepBsAg,

HepBcoreIgM, HepCAB, HepA-Ab) (Hepatitis Profile, Acute) (Order Date - 07/11/2012)
(Collection Date - 07/11/2012)

HEP B SURF ANTIGEN	Negative	Negative -
HEP. B CORE (IGM)	Negative	Negative -
HEPAT A AB IGM	Negative	Negative -
HEPATITIS C AB	<0.1	0.0-0.9 - s/co ratio

Herpes Simplex IgM (HSV 1, 2 IgM Ab) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)
 HSV IgM AB TITER <0.91 0.00-0.90 - Ratio
HIV 1, 2 (Human Immunodeficiency Virus Ab) (Order Date - 07/11/2012) (Collection Date - 07/11/2012)
 HIV 1/2 -Index Value <1.00 <1.00 -
 HIV 1/2 -Qual Non Reactive Non Reactive -
CHEST PA AND LATERAL (Order Date - 07/11/2012) (Collection Date - 07/11/2012)

Examination

IMS:

Constitutional well nourished, no apparent distress.
 Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
 Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.
 musculoskeletal/feet Normal gait and station, Normal digits and nails.
 Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

Assessments

1. Headache - 784.0 (Primary)
2. Coronary artery disease - 414.00
3. Foot/ankle pain - 719.47
4. Hyperlipidemia - 272.4

Treatment

1. Headache

Start nortriptyline capsule, 50 mg, 1 cap(s), orally, at bedtime, 30 day (s), 30, Refills 2
 Stop trazodone tablet, 100 mg, 1 tab(s), orally, at bedtime
 Diagnostic Imaging:CT HEAD WO CONTRAST

2. Coronary artery disease

Referral To:Cardiology

Reason:CAD s/p stenting; wants transfer of care to GHS

3. Foot/ankle pain

Referral To:Orthopedic

Reason:foot/ankle pain

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks



Electronically signed by Lynnette Guirao on 07/19/2012 at
12:07 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 07/17/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**GREENVILLE
HEALTH SYSTEM**

COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 145188124

Appointment Facility: Cypress Internal Medicine-Greer

09/12/2012

Progress Notes: Lynnette J. Guirao, MD

Current Medications

nortriptyline capsule 50 mg 1 cap(s) at bedtime

ASA

Plavix tablet 75 mg 1 tab(s) once a day

Losartan tablet 50 mg 1 tab(s) once a day

fenofibrate tablet 160 mg 1 tab(s) once a day

Tricor tablet 48 mg 1 tab(s) once a day

pravastatin tablet 40 mg 1 tab(s) once a day (at bedtime)

Lovaza capsule ethyl esters 1000 mg 2 cap(s) 2 times a day

protonix enteric coated tablet 40 mg 1 tab(s) once a day

metoprolol tablet, extended release 50 mg 1 tab(s) once a day

Vitamin D capsule 50,000 intl units 1 cap(s) once a month

Differr gel 0.1% apply topically daily

Doxepin capsule 10 mg 1 cap(s) 3 times a day

Lunesta tablet 3 mg 1 tab(s) once a day (at bedtime)

levofloxacin tablet 500 mg 1 tab(s) every 24 hours

Medication List reviewed and reconciled with the patient

Past Medical History

CAD s/p stent 2002-2006, 2011

Erectile dysfunction, hypogonadism on androgel

Depression

Social History

Smoking Status > 13 years old. Are you a:

Never smoker.

no Smoking.

Allergies

Viiibryd: Side Effects

Review of Systems

GENERAL:

Negative for fatigue.

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

Reason for Appointment

1. CIMG 1MON FUP PER LJUM

History of Present Illness

Mr. Cooper is here for f/u of his headaches. He said that he continues to have headaches. He thinks that it can be coming from his glasses, and will be following up with ophthalmology to see if he can wear contacts. He also started teaching again in August, and this is causing him stress too as he was assigned to do health education instead of PE, and he is not prepared to do this. He also feels depressed with all his medical problems and symptoms. He is also due to have another surgery on his R ankle. He established with Carolina Cardiology and no changes were made on his regimen.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 227, Wt kg 102.97, BMI 29.95, BP 129/78, HR 58.

Examination

IMS:

Constitutional well nourished, no apparent distress. Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs. Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema. musculoskeletal/feet Normal gait and station, Normal digits and nails. Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

Assessments

1. Headache - 784.0 (Primary)
2. Depression - 311
3. STRESS REACT, EMOTIONAL - 308.0

Treatment

1. Headache

He has tried nortriptyline for tension headaches, which did not help. We also tried a long course of antibiotics as his CT head showed some sinus thickening. I think most of his headaches may be situational from his new job description and the increase in stressors is making him

no Chest discomfort.

GI: no Abdominal pain. no Change in bowel habits.

MENTAL: no Depression. no Anxiety.

have the headaches.

2. Depression

Start sertraline tablet, 25 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 3

3. STRESS REACT, EMOTIONAL

Advised that stress reduction techniques may help.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 09/12/2012 at 05:52 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 09/12/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**GREENVILLE
HEALTH SYSTEM**

COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette
Guirao, MD External Visit ID: 146367198
Appointment Facility: Cypress Internal Medicine-Greer

12/12/2012

Progress Notes: Lynnette J. Guirao, MD

Current Medications

Plavix tablet 75 mg 1 tab(s) once a day
Losartan tablet 50 mg 1 tab(s) once a day
fenofibrate tablet 160 mg 1 tab(s) once a day
Tricor tablet 48 mg 1 tab(s) once a day
pravastatin tablet 40 mg 1 tab(s) once a day
(at bedtime)
Lovaza capsule ethyl esters 1000 mg 2 cap(s)
2 times a day
protonix enteric coated tablet 40 mg 1 tab(s)
once a day
metoprolol tablet, extended release 50 mg 1
tab(s) once a day
Vitamin D capsule 50,000 intl units 1 cap(s)
once a month
AndroGel 1.62% gel 20.25 mg/1.25 g (1.62%)
2 pump(s) once a day (in the morning)
Differin gel 0.1% apply topically daily
Doxepin capsule 10 mg 1 cap(s) 3 times a day
ASA
Ambien tablet 10 mg 1 tab(s) once a day (at
bedtime)
Medication List reviewed and reconciled with
the patient

Past Medical History

CAD s/p stent 2002-2006, 2011
Erectile dysunction, hypogonadism on
androgel
Depression

Surgical History

hernia 1990
foot 1980
stent 2004/2006
achilles tendon 2009
elbow 2011
Morton's neuroma- 12/15/2011

Social History

Smoking Status > 13 years old Are you a:
Never smoker.
no Smoking.

Allergies

Viibryd: Side Effects
sertraline

Reason for Appointment

1. CIMG 3MON FUP PER LJUM

History of Present Illness

MR. Cooper is here for depression, headaches. He stopped the zoloft because of dry mouth, dizziness, was going to the bathroom. All tests for headache were fine. Headaches still come and go. HE is still doing the health education position. His eyes were checked, and all tests were good. He will have bunionectomy Wednesday. HE has been taking cough medicine but he feels that he still has congestion in his chest. He has seen Dr. Taylor (Carolina Cardiology). He was started on ibuprofen for his chest tightness, and has worked for his chest tightness. He has been coughing. He is still waking up at night even with the cpap machine.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 221.4, Wt kg 100.43, BMI 29.21, BP
103/66, HR 51.

Examination

IMS:

Constitutional well nourished, no apparent distress.
Respiratory Normal air movement, normal I/E ratio, no retractions, no
accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
Cardiovascular Regular rate and rhythm, with no S3, no S4, no
murmur, and no rub, No lower extremity edema.
musculoskeletal/feet Normal gait and station, Normal digits and nails.
Psychiatry Normal mood and affect, Oriented to person, place, and
time, pleasant and cooperative.

Assessments

1. Insomnia - 780.52 (Primary)
2. Depression - 311
3. Coronary artery disease - 414.00
4. Neuropathy of Lower Limb Unspec - 355.8
5. STRESS REACT, EMOTIONAL - 308.0
6. GERD - 530.81

Treatment

1. Coronary artery disease

Review of Systems**GENERAL:**

Negative for fatigue.

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

GI:

no Abdominal pain. no Change in bowel habits.

MENTAL:

no Depression. no Anxiety.

Refill Plavix tablet, 75 mg, 1 tab(s), once a day, 90 days, 90, Refills 3
 Refill Losartan tablet, 50 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3

Refill fenofibrate tablet, 160 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3

Stop Tricor tablet, 48 mg, 1 tab(s), orally, once a day

Refill pravastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 3

Refill Lovaza capsule, ethyl esters 1000 mg, 2 cap(s), orally, 2 times a day, 90 days, 360, Refills 3

Refill metoprolol tablet, extended release, 50 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 1

2. STRESS REACT, EMOTIONAL

Refill Doxepin capsule, 10 mg, 1 cap(s), orally, 3 times a day, 90 days, 270, Refills 3

3. GERD

Refill protonix enteric coated tablet, 40 mg, 1 tab(s), orally, once a day, 90 days, 90, Refills 3

4. Others

Refill Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month, 90 days, 3, Refills 3

Refill Ambien tablet, 10 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 1

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 12/12/2012 at 05:29 PM EST

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 12/12/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**GREENVILLE
HEALTH SYSTEM**

COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS
STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 158795575

Appointment Facility: Cypress Internal Medicine-Greer

03/21/2013

Progress Notes: Lynnette J. Guirao, MD

Current Medications

Lovaza capsule ethyl esters 1000 mg 2 cap(s)
2 times a day

ASA

Ambien tablet 10 mg 1 tab(s) once a day (at
bedtime)

pravastatin tablet 40 mg 1 tab(s) once a day
(at bedtime)

Vitamin D capsule 50,000 intl units 1 cap(s)
once a month

Differr gel 0.1% apply topically daily
fenofibrate tablet 160 mg 1 tab(s) once a day
AndroGel 1.62% gel 20.25 mg/1.25 g (1.62%)
2 pump(s) once a day (in the morning)
clobetasol topical solution 0.05% 1 app 2
times a day

Losartan tablet 50 mg 1 tab(s) once a day

Plavix tablet 75 mg 1 tab(s) once a day
protonix enteric coated tablet 40 mg 1 tab(s)
once a day

metoprolol tablet, extended release 50 mg 1
tab(s) once a day

Medication List reviewed and reconciled with
the patient

Past Medical History

CAD s/p stent 2002-2006, 2011
Erectile dysunction, hypogonadism on
androgel
Depression

Social History

Smoking Status > 13 years old Are you a:
Never smoker.

Allergies

Viibryd: Side Effects
sertraline

Review of Systems

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

Reason for Appointment

1. CIMG 1MONTH FUP

History of Present Illness

Mr. Cooper is here for f/u of his headaches. He continues to have headaches. He has seen ENT, and there was no plan for chronic sinusitis, but rather a plan for his nasal septal deviation. He is interested in pursuing this. He continues to have stress over his workplace though he is not working right now due to his recent foot surgery. He says he is fighting administration for what he thinks he deserves, and that admin is going against him. With discussing this, he suddenly developed a headache.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 225.8, Wt kg 102.42, BMI 29.79, BP
110/72, HR 63.

Past Orders

Sed Rate (ESR) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

SED RATE WESTERGREN 3 0-30 - mm/hr

TSH reflex on abnormal to Free T4 (Thyroid

Stimulating Hormone) (Order Date - 02/13/2013)

(Collection Date - 02/13/2013)

TSH	2.060	0.450-4.500 - uIU/mL
CBC with diff (Heme Profile with diff, HP with diff) (Order Date - 02/13/2013) (Collection Date - 02/13/2013)		
WBC Count	4.3	4.0-10.5 - x10E3/uL
RBC Count	4.67	4.14-5.80 - x10E6/uL
HEMOGLOBIN	14.2	12.6-17.7 - g/dL
HEMATOCRIT	42.2	37.5-51.0 - %
MEAN CELL VOLUME	90	79-97 - fL
MEAN CELL HGB	30.4	26.6-33.0 - pg
MEAN CELL HGB CONC	33.6	31.5-35.7 - g/dL
RED CELL DIST	13.5	12.3-15.4 - %
PLATELET COUNT	320	140-415 - x10E3/uL

NEUTROPHIL ABSOLUTE	1.8	1.8-7.8 - x10E3/uL
NEUTROPHILS %	43	40-74 - %
LYMPHOS ABSOLUTE	1.5	0.7-4.5 - x10E3/uL
MONOS ABSOLUTE	0.7	0.1-1.0 - x10E3/uL
EOSINOPHIL ABSOLUTE	0.2	0.0-0.4 - x10E3/uL
BASOS ABSOLUTE	0.0	0.0-0.2 - x10E3/uL
LYMPHOCYTE	36	14-46 - %
MONOCYTE	16	4-13 - % H
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - x10E3/uL
Immature Granulocytes %	0	0-2 - %

Comprehensive Metabolic Panel (CMP, CMET)(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

SODIUM	140	134-144 - mmol/L
POTASSIUM	4.6	3.5-5.2 - mmol/L
CHLORIDE	106	97-108 - mmol/L
CARBON DIOXIDE	25	20-32 - mmol/L
GLUCOSE	76	65-99 - mg/dL
UREA NIT., BLOOD	15	6-24 - mg/dL
CALCIUM	9.3	8.7-10.2 - mg/dL
ALBUMIN	4.5	3.5-5.5 - g/dL
TOTAL PROTEIN	7.2	6.0-8.5 - g/dL
SGOT(AST)	41	0-40 - IU/L H
TOT. BILIRUBIN	0.4	0.0-1.2 - mg/dL
SGPT(ALT)	52	0-44 - IU/L H
ALK. PHOSPHATASE	53	25-150 - IU/L
CREATININE (SERUM)	1.23	0.76-1.27 - mg/dL
EST GFR-CAUCASIAN	65	>59 - mL/min/1.73
ES GFR-NON CAUCASIAN	75	>59 - mL/min/1.73
BUN/Creatinine Ratio (LC)	12	9-20 -
Globulin, Total (LC)	2.7	1.5-4.5 - g/dL
A/G Ratio (LC)	1.7	1.1-2.5 -

Lipid Profile (incl. calc. LDL, HDL/LDL ratio)(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

CHOLESTEROL	167	100-199 - mg/dL
TRIGLYCERIDE	97	0-149 - mg/dL
HDL Chol, direct	37	>39 - mg/dL L
LDL Chol, calc	111	0-99 - mg/dL H
VLDL Chol, calc	19	5-40 - mg/dL
LDL/HDL Ratio	3.0	0.0-3.6 - ratio units

Vitamin B12 (Order Date - 02/13/2013)(Collection Date - 02/13/2013)

VITAMIN B12	367	211-946 - pg/mL
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Testosterone Total (Order Date - 02/13/2013)(Collection Date - 02/13/2013)

TOTAL TESTOSTERONE	374	348-1197 - ng/dL
--------------------	-----	------------------

Vitamin D, 25-OH Total (25-OH-D₂)(Cholecalciferol Metabolite) (Order Date - 02/13/2013) (Collection Date - 02/13/2013)

Vitamin D 25-OH total	14.7	30.0-100.0 - ng/mL
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Examination

IMS:

Constitutional well nourished, no apparent distress.
Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.

Assessments

1. Headache - 784.0 (Primary)
2. Mild vitamin D deficiency - 268.9
3. STRESS REACT, EMOTIONAL - 308.0

Treatment

1. Headache

I went over his test results. I believe his headache is mainly from his stressors, and that he is experiencing chronic daily tension headaches. He was told by ENT that an MRI would be ordered (CT was negative). I would rather refer to neurology.

Referral To:Neurology

Reason:chronic headache

2. Mild vitamin D deficiency

Continue Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month

3. STRESS REACT, EMOTIONAL

Advised stress reduction techniques.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 03/25/2013 at 08:09 PM EDT

Sign off status: Completed

**Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555**

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 03/21/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GREENVILLE HEALTH SYSTEM

COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE EMP HEAL PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 165299439

Appointment Facility: Cypress Internal Medicine-Greer

05/15/2013

Progress Notes: Lynnette J. Guirao, MD

Current Medications

clobetasol topical 0.05% solution 1 app 2 times a day
 AndroGel 1.62% 20.25 mg/1.25 g (1.62%) gel 2 pump(s) once a day (in the morning)
 Vitamin D 50,000 intl units capsule 1 cap(s) once a month
 fenofibrate 160 mg tablet 1 tab(s) once a day
 Differin gel 0.1% apply topically daily
 pravastatin 40 mg tablet 1 tab(s) once a day (at bedtime)
 Ambien 10 mg tablet 1 tab(s) once a day (at bedtime)
 ASA
 Lovaza ethyl esters 1000 mg capsule 2 cap(s) 2 times a day
 metoprolol 50 mg tablet, extended release 1 tab(s) once a day
 protonix 40 mg enteric coated tablet 1 tab(s) once a day
 Plavix 75 mg tablet 1 tab(s) once a day
 Losartan 50 mg tablet 1 tab(s) once a day
 Medication List reviewed and reconciled with the patient

Past Medical History

CAD s/p stent 2002-2006, 2011
 Erectile dysunction, hypogonadism on androgl
 Depression
 Headache

Social History

Smoking Status > 13 years old Are you a:
 Never smoker.

Allergies

sertraline
 Viibryd: Side Effects

Review of Systems

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

Reason for Appointment

1. CIMG FOLLOW UP

History of Present Illness

Mr. Cooper is here for f/u of his headaches. He went to the neurologist, Dr. Kistler, was diagnosed with tension headache, was given a muscle relaxant. He has been coughing x 2 weeks. He is not bringing up phlegm. He has no postnasal discharge. He has a facial lesion on the R cheek. He will have a nasal deviation surgery on Tuesday.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 228, Wt kg 103.42, BMI 30.08, BP 119/71, HR 43.

Examination

IMS:

Constitutional well nourished, no apparent distress.
 Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
 Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub, No lower extremity edema.

Assessments

1. ACUTE BRONCHITIS - 466.0 (Primary)
2. Face lesion - 709.9
3. Tension headache - 307.81

Treatment

1. ACUTE BRONCHITIS

Start Azithromycin 5 Day Dose Pack tablet, 250 mg, 1 PKT(S), orally, 1 time, 5 day(s), 5

2. Face lesion

He was referred to dermatology.

3. Tension headache

Will f/u with neurology.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 05/16/2013 at 05:22 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 05/15/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GREENVILLE HEALTH SYSTEM

COOPER, WENDELL DON

56 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE: NC PLAN: FEA1

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 145188124

Appointment Facility: Cypress Internal Medicine-Greer

09/12/2012

Progress Notes: Lynnette J. Guirao, MD

Current Medications

nortriptyline capsule 50 mg 1 cap(s) at bedtime

ASA

Plavix tablet 75 mg 1 tab(s) once a day

Losartan tablet 50 mg 1 tab(s) once a day

fenoferato tablet 160 mg 1 tab(s) once a day

Tricor tablet 48 mg 1 tab(s) once a day

pravastatin tablet 40 mg 1 tab(s) once a day (at bedtime)

Lovaza capsule ethyl esters 1000 mg 2 cap(s) 2 times a day

protonix enteric coated tablet 40 mg 1 tab(s) once a day

metoprolol tablet, extended release 50 mg 1 tab(s) once a day

Vitamin D capsule 50,000 iu/1000 units 1 cap(s) once a month

Diflorn gel 0.1% apply topically daily

Doxepin capsule 10 mg 1 cap(s) 3 times a day

Lumesta tablet 3 mg 1 tab(s) once a day (at bedtime)

levofloxacin tablet 500 mg 1 tab(s) every 24 hours

Medication List reviewed and reconciled with the patient

Past Medical History

CAD s/p stent 2002-2006, 2011

Erectile dysfunction, hypogonadism on androgen

Depression

Social History

Smoking Status > 13 years old Are you a:

Never smoker:

no Smoking.

Allergies

Vibryd: Side Effects

Review of Systems

GENERAL:

Negative for fatigue.

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

Reason for Appointment

1. CIMG 1MON FUP PER LJUM

History of Present Illness

:

Mr. Cooper is here for f/u of his headaches. He said that he continues to have headaches. He thinks that it can be coming from his glasses, and will be following up with ophthalmology to see if he can wear contacts. He also started teaching again in August, and this is causing him stress too as he was assigned to do health education instead of PE, and he is not prepared to do this. He also feels depressed with all his medical problems and symptoms. He is also due to have another surgery on his R ankle. He established with Carolina Cardiology and no changes were made on his regimen.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 227, Wt kg 102.97, BMI 29.95, BP 129/78, HR 58.

Examination

IMs:

Constitutional well nourished, no apparent distress.

Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use. No rales, no wheezes, no rhonchi, no rubs.

Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub. No lower extremity edema.

musculoskeletal/feet Normal gait and station, Normal digits and nails.

Psychiatry Normal mood and affect, Oriented to person, place, and time, pleasant and cooperative.

Assessments

1. Headache - 784.0 (Primary)

2. Depression - 311

3. STRESS REACT, EMOTIONAL. - 308.0

Treatment

1. Headache

He has tried nortriptyline for tension headaches, which did not help. We also tried a long course of antibiotics as his CT head showed some sinus thickening. I think most of his headaches may be situational from his new job description and the increase in stressors is making him

no Chest discomfort.

GI:
no Abdominal pain. no Change in bowel habits.

MENTAL:
no Depression. no Anxiety.

have the headaches.

2. Depression

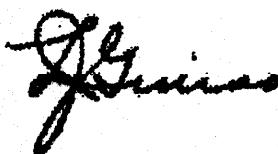
Start sertraline tablet, 25 mg, 1 tab(s), orally, once a day, 30 day(s), 30. Refills 3

3. STRESS REACT, EMOTIONAL

Advised that stress reduction techniques may help.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 09/12/2012 at 05:52 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 09/12/2012

Note generated by eClinicalWorks EMR/PMS Software (www.eClinicalWorks.com)

Printing

**765 Cypress Int Med Greer**

325 Medical parkway
Suite 200
Greer, SC 29650
(864) 797-9550

--- APPROVED ---

Date Nov 30 2015 11:31:52 AM
Type Credit Card - Sale

Patient First Name WENDELL
Patient Last Name COOPER
Epic Patient ID 100748216
Epic MRN 970879090

Authorization Amount \$12.00
Authorization Code 030144
Card Holder Name WENDELL DON COOPER
Card Type VISA
Card Number ****7663
Card Entry Mode Swiped
Response Message Code APPROVAL 000
Mode Issuer

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO MY CARD HOLDER AGREEMENT.

A handwritten signature in black ink, appearing to read "Wendell Cooper".

Thank you.



GREENVILLE HEALTH SYSTEM

COOPER, WENDELL DON

57 Y old Male, DOB: 01/17/1956

117 PALM SPRINGS WAY, SIMPSONVILLE, SC-29681

Home: 704-941-4143

Guarantor: COOPER, WENDELL DON Insurance: BCBS

STATE EMP HLT. PLAN

PCP: Dr Lynnette Guirao, MD Referring: Dr Lynnette

Guirao, MD External Visit ID: 158795575

Appointment Facility: Cypress Internal Medicine-Greer

03/21/2013

Progress Notes: Lynnette J. Guirao, MD

Current Medications

Lovaza capsule ethyl esters 1000 mg 2 cap(s)
2 times a day

ASA

Ambien tablet 10 mg 1 tab(s) once a day (at
bedtime)

pravastatin tablet 40 mg 1 tab(s) once a day
(at bedtime)

Vitamin D capsule 50,000 int'l units 1 cap(s)
once a month

Diferr gel 0.1% apply topically daily
fennfibrate tablet 160 mg 1 tab(s) once a day
Androx Gel 1.62% gel 20.25 mg/1.25 g (1.62%)
2 pump(s) once a day (in the morning)
clobetasol topical solution 0.05% 1 app 2
times a day

Lowertan tablet 50 mg 1 tab(s) once a day

Plavix tablet 75 mg 1 tab(s) once a day
protonix enteric coated tablet 40 mg 1 tab(s)
once a day

metoprolol tablet, extended release 50 mg 1
tab(s) once a day

Medication List reviewed and reconciled with
the patient

Past Medical History

CAD s/p stent 2002-2006, 2011
Erectile dysfunction, hypogonadism on
androgel
Depression

Social History

Smoking Status > 13 years old Are you a:
Never smoker.

Allergies

Vibryd: Side Effects
sertraline

Review of Systems

PULMONARY:

no Shortness of breath.

CARDIOLOGY:

no Chest discomfort.

Reason for Appointment

1. CIMG 1MONTH FUP

History of Present Illness

Mr. Cooper is here for f/u of his headaches. He continues to have headaches. He has seen ENT, and there was no plan for chronic sinusitis, but rather a plan for his nasal septal deviation. He is interested in pursuing this. He continues to have stress over his workplace though he is not working right now due to his recent foot surgery. He says he is fighting administration for what he thinks he deserves, and that admin is going against him. With discussing this, he suddenly developed a headache.

Vital Signs

Ht 73, Ht Cm 185.42, Wt lbs 225.8, Wt kg 102.42, BMI 29.79, BP
110/72, HR 63.

Past Orders

Sed Rate (ESR) (Order Date - 02/13/2013)
(Collection Date - 02/13/2013)

SED RATE WESTERGREN 3 0-30 - mm/hr

TSH reflex on abnormal to Free T₄ (Thyroid

Stimulating Hormone) (Order Date - 02/13/2013)
(Collection Date - 02/13/2013)

TSH 2.060 0.450-4.500 -
uIU/ml.

CBC with diff (Heme Profile with diff, HP with
diff) (Order Date - 02/13/2013) (Collection Date -
02/13/2013)

WBC Count	4.3	4.0-10.5 - x10E3/uL
RBC Count	4.67	4.14-5.80 - x10E6/uL
HEMOGLOBIN	14.2	12.6-17.7 - g/dL
HEMATOCRIT	42.2	37.5-51.0 - %
MEAN CELL VOLUME	90	79-97 - fl.
MEAN CELL HGB	30.4	26.6-33.0 - pg
MEAN CELL HGB CONC	33.6	31.5-35.7 - g/dL
RED CELL DIST	13.5	12.3-15.4 - %
PLATELET COUNT	320	140-415 - x10E3/uL

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Notes: Lynnette J. Guirao, MD 03/21/2013
Note generated by eClinicalWorks EMR/PIM Software (www.eClinicalWorks.com)

NEUTROPHIL ABSOLUTE	1.8	1.8-7.8 - x10E3/uL
NEUTROPHILS %	43	40-74 - %
LYMPHS ABSOLUTE	1.5	0.7-4.5 - x10E3/uL
MONOS ABSOLUTE	0.7	0.1-1.0 - x10E3/uL
EOSINOPHIL ABSOLUTE	0.2	0.0-0.4 - x10E3/uL
BASOS ABSOLUTE	0.0	0.0-0.2 - x10E3/uL
LYMPHOCTYE	36	14-46 - %
MONOCYTE	16	4-13 - % H
EOSINOPHIL	4	0-7 - %
BASOPHIL	1	0-3 - %
Immature Grans, Absolute	0.0	0.0-0.1 - x10E3/uL
Immature Granulocytes %	0	0-2 - %

Comprehensive Metabolic Panel (CMP, CMET)(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

SODIUM	140	134-144 - mmol/L
POTASSIUM	4.6	3.5-5.2 - mmol/L
CHLORIDE	106	97-108 - mmol/L
CARBON DIOXIDE	25	20-32 - mmol/L
GLUCOSE	76	65-99 - mg/dL
UREA NIT.,BLOOD	15	6-24 - mg/dL
CALCIUM	9.3	8.7-10.2 - mg/dL
ALBUMIN	4.5	3.5-5.5 - g/dL
TOTAL PROTEIN	7.2	6.0-8.5 - g/dL
SGOT(AST)	41	0-40 - IU/L II
TOT. BILIRUBIN	0.4	0.0-1.2 - mg/dL
SGPT(ALT)	52	0-44 - IU/L II
ALK. PHOSPHATASE	53	25-150 - IU/L
CREATININE (SERUM)	1.23	0.76-1.27 - mg/dL
EST GFR-CAUCASIAN	65	>59 - mL/min/1.73
ES GFR-NON CAUCASIAN	75	>59 - mL/min/1.73
BUN/Creatinine Ratio (LC)	12	9-20 -
Globulin, Total (LC)	2.7	1.5-4.5 - g/dL
A/G Ratio (LC)	1.7	1.1-2.5 -

Lipid Profile (incl. calc. LDL, HDL/LDL ratio)(Order Date - 02/13/2013) (Collection Date - 02/13/2013)

CHOLESTEROL	167	100-199 - mg/dL
TRIGLYCERIDE	97	0-149 - mg/dL
HDL Chol, direct	37	>39 - mg/dL L
LDL Chol, calc	111	0-99 - mg/dL II
VLDL Chol, calc	19	5-40 - mg/dL
LDL/HDL Ratio	3.0	0.0-3.6 - ratio units

Vitamin B12 (Order Date - 02/13/2013)(Collection Date - 02/13/2013)

VITAMIN B12	367	211-946 - pg/mL
-------------	-----	-----------------

Testosterone Total (Order Date - 02/13/2013)(Collection Date - 02/13/2013)

TOTAL TESTOSTERONE	374	348-1197 - ng/dL
--------------------	-----	------------------

Vitamin D, 25-OH Total (25-OH-D)(Cholecalciferol Metabolite) (Order Date - 02/13/2013) (Collection Date - 02/13/2013)

Vitamin D 25-OH total	14.7	30.0-100.0 - ng/mL
-----------------------	------	--------------------

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Notes: Lynnette J. Guirao, MD 03/21/2013
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Examination**IMS:**

Constitutional well nourished, no apparent distress.
 Respiratory Normal air movement, normal I/E ratio, no retractions, no accessory muscle use, No rales, no wheezes, no rhonchi, no rubs.
 Cardiovascular Regular rate and rhythm, with no S3, no S4, no murmur, and no rub. No lower extremity edema.

Assessments

1. Headache - 784.0 (Primary)
2. Mild vitamin D deficiency - 268.9
3. STRESS REACT, EMOTIONAL - 308.0

Treatment**1. Headache**

I went over his test results. I believe his headache is mainly from his stressors, and that he is experiencing chronic daily tension headaches. He was told by ENT that an MRI would be ordered (CT was negative). I would rather refer to neurology.

Referral To: Neurology

Reason: chronic headache

2. Mild vitamin D deficiency

Continue Vitamin D capsule, 50,000 intl units, 1 cap(s), orally, once a month

3. STRESS REACT, EMOTIONAL

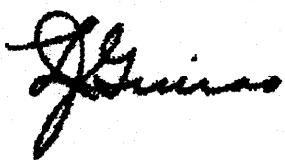
Advised stress reduction techniques.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3 Months



Electronically signed by Lynnette Guirao on 03/25/2013 at 08:09 PM EDT

Sign off status: Completed

Cypress Internal Medicine-Greer
325 Medical Parkway
Greer, SC 29650
Tel: 864-797-9550
Fax: 864-797-9555

Patient: COOPER, WENDELL DON DOB: 01/17/1956 Progress Note: Lynnette J. Guirao, MD 03/21/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Piedmont Psychiatric Services

Woodruff Road Professional Park • 2094 Woodruff Road • Greenville, SC 29607
(864) 576-9211 • Fax: (864) 576-9432

RECEIVED

JUN 04 2012

PERSONNEL

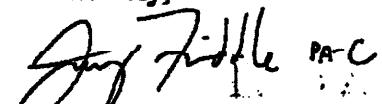
Date: 5/1/12

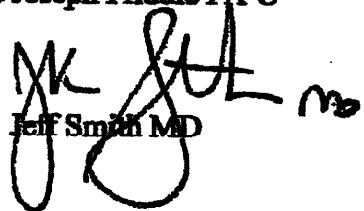
To whom it may concern,

Wendell Cooper is currently under my medical supervision. He is being treated for Generalized Anxiety Disorder. Due to the severity of his condition, I do not recommend he be involved in group meetings discussing his legal case without third party representation. This type of situation has potential to worsen his anxiety and trigger panic episodes, which may lead to hospitalization.

If you have any questions or concerns feel free to contact our office at the numbers provided above. Thank you.

Sincerely,


Joseph Friddle PA-C


Jeff Smith MD

Tony R. Goodbar, MD • Jeffrey K. Smith, MD • Joseph Friddle, PA-C
Jim Harbin, M.Ed., LPC • Michael D. Smith, MA, LPC • Mary Shultz, MSW, LISW • Albert C. Bennett, MA, LPC
Carol R. Mitchell, MSN, LPC • Tanya C. Hargrove, MA, LPC

SD076

Pelham Medical Center
 250 Westmoreland Road
 Greer, South Carolina 29651 Phone: 864-530-6000

Patient: Cooper, Wendell
 Provider: Frederick, Brian S M.D.
 MLP/Res: _____

DI Printed: 1/18/2016 1306
 RN Primary: Kristi S. R.N.

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

_____ This page is not a prescription. _____

General Information on HEADACHES

There are many different kinds of headaches. "Tension headaches" come from a tightening of the scalp muscles. This often results from stress or lack of sleep. "Migraines" are a particularly painful kind of headache caused by the temporary opening and closing of certain blood vessels in the brain. Still other headaches can be caused by coughing, smoking, hay fever or simply the common cold.

Some headaches last for just a few minutes and some drag on for days. Fortunately, most everyday headaches are relatively mild and last less than 24 hours.

Sometimes a careful medical examination shows the cause of a headache, but sometimes it does not. In the emergency room, it may not be possible to find the exact cause of a particular headache.

What are the risks?

Most everyday headaches get better over several hours and do not produce any serious medical problems. There is, however, a small risk that the headache may be the first sign of a more serious medical condition such as diabetes, high blood pressure, cancer or even bleeding in the brain. While this is very uncommon, it does occur. Warning signs of a possibly serious condition include:

1. Unusual drowsiness or passing out.
2. Confusion.
3. An unusually bad headache.
4. Vomiting.
5. Change in vision.
6. Convulsions (seizures, fits).
7. Stiff neck.
8. Areas of numbness, tingling or weakness.
9. Stumbling.

INSTRUCTIONS

- 1) Aspirin, acetaminophen (Tylenol) or ibuprofen (Advil) may help ease the pain. **WARNING: Do not take these drugs if you are allergic to them. Do not take these drugs if you are already taking a prescription pain medication. DON'T GIVE ASPIRIN TO ANYONE LESS THAN 18 YEARS OLD.**
- 2) Try to relax, lie down and sleep if possible.
- 3) A cool cloth over your forehead may help the headache go away.
- 4) Try to avoid stress. Stressful situations sometimes cause headaches.
- 5) If you have repeated headaches make sure to tell your private doctor; you may need to have some tests done.

6. Call 9-1-1-for any of the following signs and symptoms of stroke

- a. Sudden weakness, numbness, or paralysis especially on one side of the body
- b. Sudden trouble speaking or understanding what is being said
- c. Sudden trouble seeing in one or both eyes
- d. Sudden trouble walking, dizziness, loss of balance or coordination
- e. Sudden severe headache, with no known cause

Dx 1: Headache

Rx 1: Fioricet Tablets (acetaminophen, butalbital, caffeine) 325mg,50mg,40mg

1-2 tablets by mouth every 4 hrs as needed for headache (max 6 tablets per day)

Follow-up 1: Girauro

F/U MD Ph: _____
F/U MD Fax: _____

Follow-up 1 Date: 3-5 days

Other Instr: _____

For NON-emergency questions and concerns - call Regional On-Call at 591-7999

Please note: The examination and treatment that you have received in the emergency department have been rendered on an emergency basis only and are not intended to be a substitute or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single emergency department visit. EKGs and X-Rays: If you had an EKG or Imaging study today, it has been read on a preliminary basis only, and a final review will be made by a specialist. If there is any change from today's Emergency Department reading, you will be notified.

Call to arrange an appointment to see the following physician for follow-up care.

When you call for an appointment, say that you were referred from this emergency department.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

Some of your test results may not be available by the end of your visit. If your test results reveal anything that requires immediate treatment, the emergency department staff will be in contact with you. Per hospital policy, no test results may be given over the phone. To obtain information on any test results you have the following choices:

- You may go to your family doctor who can obtain the results for you.
- You may go to the Health Informatics department in person with proper identification to obtain the results. There will not be a health care professional available to interpret these results for you.
- You may return to the emergency department and check back in - and for a charged visit, you can review your test results with the medical staff on duty.

PLEASE TAKE THESE PAPERS WITH YOU FOLLOW-UP WITH YOUR DOCTOR.

Your diagnoses/prescriptions today are: (following Wellsoft formatting)

IMPORTANT NOTICE TO ALL PATIENTS:

Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.



A Division of Spartanburg Regional Healthcare System

Pelham Medical Center**250 Westmoreland Road****Greer, South Carolina 29651 Phone: 864-530-6000****Patient: Cooper, Wendell****Arrival: 1/18/2016 1200****Pt Accnt: 1601830062****Med Rcrd: 000002623****MEDICATIONS REVIEW (Discharge)**

Patient: Cooper, Wendell

DOB: 1/17/1956

Meds Review Printed:

Provider: Frederick, Brian S M.D.

RN Primary: Kristi S. R.N.

Allergies	
Allergic Substance	Reaction
unknown anxiety medication	headache

Home Medications		
Arrival Medication	Instructions	Modified Medication
anucort-hc (25mg rectal supp 24's)	NO CHANGE - keep taking	
zolpidem (10mg tablets)	NO CHANGE - keep taking	
cialis (20mg tablets)	NO CHANGE - keep taking	
naproxen (500mg tablets)	NO CHANGE - keep taking	
dexilant 60mg cap(formerly kapidex)	NO CHANGE - keep taking	
dexilant 30mg cap(formerly kapidex)	NO CHANGE - keep taking	
clopidogrel (75mg tablets)	NO CHANGE - keep taking	
Pravastatin	NO CHANGE - keep taking	
Oxycodone	NO CHANGE - keep taking	
Flonase	NO CHANGE - keep taking	
INACTIVE - sumatriptan (50mg tablets)	NO CHANGE - don't take	
INACTIVE - isosorbide mn er (30 mg tablet)	NO CHANGE - don't take	
INACTIVE - doxycycline hyclate (100mg capsules)	NO CHANGE - don't take	
INACTIVE - prednisone (50mg (fifty mg) tablets)	NO CHANGE - don't take	
INACTIVE - cyclobenzaprine (5mg tablets)	NO CHANGE - don't take	

This list of medications has been reviewed by your doctor and is complete and accurate to the best of our knowledge. However, as your care was provided in the Emergency Department, we may not have all of your information, or there may be errors that we could not discover during the emergency visit. Please confirm all medications and doses with your primary care physician.

Prescribed Meds / Rx**Rx 1: Fioricet Tablets (acetaminophen,butalbital,caffeine) 325mg,50mg,40mg**

1-2 tablets by mouth every 4 hrs as needed for headache (max 6 tablets per day)

This is the Last Page

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SPARTANBURG, SOUTH CAROLINA 29303-2322

MAILING ADDRESS:
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SPARTANBURG SC 29304

TELEPHONE:
864-585-4805

FACSIMILE:
864-585-4810

December 9, 2015

Mr. Wendell Cooper
117 Palm Springs Way
Simpsonville, South Carolina 29681

Re: Wendell Cooper vs. Spartanburg School District Seven
Case No. 7:13-cv-00991-JMC-JDA

Dear Mr. Cooper:

This letter is to follow up your December 7, 2015, letter and our telephone conversation that same day.

On December 3, 2015, you were personally served with a Notice of Deposition and Subpoena to Testify at Deposition in the above-referenced lawsuit you filed against the school district. The notice and subpoena require you to appear and testify at your deposition on Tuesday, December 15, 2015.

You called me on December 4, but I was out of the office all day. You left a message with my assistant stating you have a conflict with the deposition date because it is the end of the grading period at school. On December 8, I received your letter requesting to reschedule the deposition in mid-January because it would interfere with your teaching responsibilities "as it relates to getting grades into the system, getting final exams, and preparing for the Christmas break, etc." You also stated the deposition would interfere with your preparations to travel out of the country from December 19 to January 2. During our telephone conversation, you repeated these reasons, and also stated you have been having trouble with your school computer, which has affected your ability to enter grades. However, you did not identify any actual scheduling conflict that prevents you from attending your deposition on December 15.

I have discussed your request to reschedule your deposition with the school district. The discovery deadline in this case is February 26, 2016. The administration has informed me that the end of the grading period does not present a conflict or otherwise prevent you from attending your deposition on December 15. The school administration will arrange for a substitute teacher and, as it has done in the past, will assist you as necessary with final exams and entering grades prior to the break. You will need to communicate with the school principal, Paul Hughes, to arrange for any assistance you may need.

Mr. Wendell Cooper
December 9, 2015
Page 2

Given that you have not presented an actual scheduling conflict that prevents your attendance or other good cause, the school district intends to proceed with your deposition on December 15 as scheduled.

Sincerely,



Kenneth W. Nettles, Jr.

KED:sm

cc: Dr. Carlotta D. Redish
Mr. Paul N. Hughes